



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Lowell Correctional Institution

in

Ocala, Florida

on

February 18-19, 2015

CMA Staff Members

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW
Matthew Byrge, LCSW
Kathryn McLaughlin, BS
Teresa Palmer, BSW

Physical Health Surveyors

Jossie McCloud, DO
Timothy Garvey, DMD
Rosemary Bates, ARNP
Stephen Tomicich, ARNP
Thomas J. Collins, PA
Tanya Moore, PA
Theresa Watson, RN
Patricia Meeker, RN
Barbara Graeber, RN
Sue Brown, RN

Mental Health Surveyors

Erik Gooch, DO
Ronald Gironda, PhD
Gretchen Moy, PhD
Karen Feuerman, PhD
Jenene Case-Pease, LMHC
Mandy Petroski-Moore, LCSW
Dynitia Brimm, LCSW
Linda Skalsky, ARNP
Rizan Yozgat, ARNP

Distributed on: March 26, 2015

CAP Due Date: April 25, 2015

DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2454	Female	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1440	Current Main Unit Census	1050
Annex Capacity	1500	Current Annex Census	1404
Total Capacity	2940	Total Current Census	2454

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
<i>(M-Grade)</i>	993	1184	277	5	0	147
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	1039	229	1229	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	123	68	4	9	11	7

DEMOGRAPHICS

Medical Staffing: Main Unit and Annex

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	1	0
RN	9.4	3.6
LPN	22.2	3.6
Staff Dentist	4	2.4
Dental Hygienists	1	0
Dental Assistants	6	3

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1.6	0
Senior Mental Health Clinician	1	0
Behavioral Specialist	6	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Senior Mental Health Clinician	1	1
Behavioral Specialist	9	1
Psychological Services Director	1	0

OVERVIEW

Lowell Correctional Institution (LOWCI) houses female inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3 at the Main Unit and the Annex. LOWCI consists of a main unit and an annex.

The overall scope of services provided at LOWCI includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, outpatient mental health, and observation/infirmarary care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at LOWCI on February 18-19, 2015. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Based on the number and clinical significance of the findings, as well as the issues related to access to care identified in this report, the CMA has serious concerns regarding the provision of care at this institution. It is the expectation of the CMA that these findings will be the focus of the mental/physical health providers and that corrective action monitoring will lead to immediate improvement of health care services. Depending on the results of corrective actions produced in response to this report, the CMA may re-survey LOWCI in the coming fiscal year.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required demonstrating correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria; and,
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS - MAIN UNIT

Lowell Correctional Institution-Main (LOWCI-Main) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at LOWCI-Main:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in eight of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call. There were findings requiring corrective action in the review of emergency care and infirmary services; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of consultations. There were findings requiring corrective action in the review of intra-system transfers, medical inmate requests, medication administration record review, and periodic screenings. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems; the item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control, pharmacy services, and in the administration of the pill line.

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 9 chronic illness clinics (CIC) reviewed, inmates were not seen as often as the clinician determined necessary or were seen at intervals greater than 365 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** There were multiple examples of CIC appointments that were scheduled significantly outside of the time frame requested by the clinician or were not scheduled at all. In the cases noted by CMA clinical surveyors which indicated necessary appointments were not being scheduled, the inmate's record was provided to institutional staff and the necessary appointments scheduled while the survey was in progress. In the cardiovascular clinic, an inmate was not seen from January 2013 to November 2014. In another record, an inmate was evaluated in April 2014 and found to have elevated blood pressure. At that time, the clinician requested she return in six months; however no appointment was scheduled. In a third record, an inmate was seen in May 2014 with the clinician recommending she return in six months for follow-up; however, no appointment was made. In the gastrointestinal clinic, an inmate was seen August 2014 with the clinician requesting a three month follow-up, but no appointment was scheduled. In another record, an inmate was seen in March 2014 with the clinician requesting the inmate return to the clinic in six months, however the inmate was not scheduled until February. In another example, an inmate with positive HIV status arrived at the institution in February of 2014 but was not enrolled in the immunity clinic until September of that year. In the respiratory clinic, there were two inmates seen at intervals greater than 365 days. In the tuberculosis clinic, an inmate was discovered at the reception center (June 2014) to have a positive PPD result. The inmate was transferred to Lowell in August 2014 but was not enrolled in the clinic until February 18, 2015.*

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-2: In 4 of 13 applicable records, there was no evidence that abnormal laboratory results were addressed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the</p>

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 10 records, there was no evidence of influenza vaccine or refusal.</p>	<p>cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** In the first record, an abnormal thyroid ultrasound was present but was never addressed in the medical record. In the second record, there were multiple elevated ALT levels that were continuing to rise, which were never addressed in the clinical documentation. In the last two records, there were abnormal lipid levels which were noted but never addressed.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-4: In 4 records, the physical examination was incomplete or missing (see discussion).</p> <p>PH-5: In 6 of 10 applicable records, there was no evidence of the annual fundoscopic examination.</p> <p>PH-6: In 2 of 7 applicable records, aspirin therapy was not initiated for inmates with vascular disease or other risk factors.</p> <p>PH-7: In 2 of 9 applicable records, ACE/ARB therapy was not initiated for diabetic inmates experiencing hypertension.</p> <p>PH-8: In 6 of 14 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-9: In 5 of 14 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: Health Services Bulletin (HSB) 15.03.05 Appendix #2, indicates the physical examination should include “an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin.” In all of the records, there was no description of the nails and feet.

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-10: In 4 of 16 applicable records, there was no evidence that hepatitis A & B vaccines were given to inmates with hepatitis C infection and no prior history of A & B infection (see discussion).</p> <p>PH-11: In 1 of 3 applicable records, there was no referral to a specialist although indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: In the first two records, the immunization series was initiated but not completed within the required time frame. In the last two records, the immunizations were never started.

Discussion PH-11: In this record, the clinician documented that a colonoscopy was needed for an inmate experiencing unresolved bleeding. However, the colonoscopy was neither ordered nor completed.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-12: In 3 records, the physical examination was incomplete (see discussion).</p> <p>PH-13: In 6 of 8 applicable records, there was no evidence of hepatitis B vaccine or refusal (see discussion).</p> <p>PH-14: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-12: *In the first record, the physical examination was missing in its entirety. In the last two records, pap smears were not performed at the required intervals.*

Discussion PH-13: *In two records, the hepatitis B series was past due or incomplete. In the other records, the vaccinations were never initiated.*

Neurology Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-15: In 13 of 13 applicable records (14 reviewed), seizures were not classified (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-15: *Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.*

Oncology Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-16: In 1 record, there was no evidence of an appropriate physical examination (see discussion).</p> <p>PH-17: In 2 records, the evaluation of the control of the disease and patient status was not documented.</p> <p>PH-18: In 2 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-19: In 1 record, there was no evidence of influenza vaccine or refusal.</p> <p>PH-20: In 1 record, there was no referral to a specialist although indicated (see discussion).</p>	

Discussion PH-16: *The physical examination was not documented for the last chronic illness clinic visit.*

Discussion PH-20: *In this record, an inmate with a history of lymphoma, diagnosed in 2011 and treated with chemotherapy was being followed by the on-site clinician. There were multiple consultation requests for continued oncology follow-up which were denied by Utilization Management. Consultation requests for standard follow-up CT scans were at first denied, but then later approved. CMA clinical surveyors were concerned that based on the documentation in the medical record, this inmate may need care outside of the scope of the current treatment plan, including oncology follow-up and continued marker studies.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-21: In 5 of 17 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-22: In 6 records, the diagnosis was not recorded on the problem list.</p> <p>PH-23: In 1 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-24: In 1 of 4 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-25: In 2 of 7 applicable records (17 reviewed); there was no evidence follow-up visits with the clinician were conducted timely (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-25: *In the first record, the post-partum examination was conducted four weeks late. In the second record, there was no documentation that indicated the follow-up examination was conducted.*

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-26: In 3 records, there was no evidence that all orders were implemented (see discussion).</p> <p>PH-27: In 5 of 10 applicable records, there was no evidence of a discharge note.</p> <p>PH-28: In 4 of 6 applicable records, there was no evidence that inmates on 23-hour observation status were evaluated within 30 minutes of admission (see discussion).</p> <p>PH-29: In 5 of 6 applicable records, nursing evaluations were not documented at least every eight hours for inmates on 23-hour observation status (see discussion).</p> <p>PH-30: In 1 of 5 applicable records, weekend and holiday phone rounds were not documented.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-26: *In the first record, an inmate was observed following acute head trauma. The clinician wrote an order for neurological checks to be conducted every two hours but there was no evidence in the medical record that the checks were completed. In the second record, an inmate was admitted for acute nausea, vomiting, and diarrhea; an ultrasound was ordered but there was no evidence in the medical record that it was completed. In the third record, the clinician wrote an order for antibiotics but there was no indication in the medical record that the medication was administered.*

Discussion PH-28 & 29: *Inmate health information, patient care orders, nursing notes, and discharge summaries are to be documented on the form "Infirmary Outpatient Admission 23-Hour Observation Nursing Notes" (DC4-732B). This form provides prompts for all of the required information. In all of the deficient records, the form was not utilized.*

Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-31: In 12 records, there was no evidence that that the DC4-760A “Health Information Transfer/Arrival Summary” was completed by nursing on the date of transfer (see discussion).</p> <p>PH-32: In 4 of 16 applicable records, the DC4-760A “Health Information Transfer/Arrival Summary” did not contain all of the required information (see discussion).</p> <p>PH-33: In 1 of 5 applicable records, the CIC visit did not take place as indicated (see discussion).</p> <p>PH-34: In 5 records, there was no evidence that the clinician reviewed the health record and the DC4-760A “Health Information Transfer/Arrival Summary” within 7 days of arrival (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferring into the facility to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-31: *In ten records, the DC4-760A was completed by nursing staff but not dated. If the transfer summary is not dated it is impossible to verify that it was completed within the required time frame. In two records, the DC4-760A was missing from the medical record.*

Discussion PH-32: *In three records, the inmate’s medications were not listed. In the last record, the chronic illness clinic information was incorrectly documented.*

Discussion PH-33: *In the deficient record, an inmate with a documented history of HIV transferred into the institution on 1/16/15, however she was never enrolled into the immunity clinic. This medical record was brought to the attention of institutional staff who ordered labs and scheduled an intake appointment.*

Discussion PH-34: *In two records, the DC4-760A was missing from the medical record and was unable to be located by institutional staff. In one record, the information was reviewed almost two weeks late. In another record, the form was signed 27 days after the inmate’s arrival. In the last record, the form was signed almost four months after the inmate’s arrival.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-35: In 4 of 15 applicable records, there was no incidental note contained in the medical record that the request was received.</p> <p>PH-36: In 5 of 14 applicable records, there was no documentation that the interview, appointment, and/or test occurred as intended.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Administration

Finding(s)	Suggested Corrective Action(s)
<p>PH-37: In 1 of 1 applicable record (12 reviewed), there were disruptions in the administration of medication (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those on single dose medication to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-37:** Five doses of Tamoxifen were missed in February 2015 for an inmate with a history of breast cancer. The MAR indicated, "awaiting from pharmacy."*

Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-38: In 1 of 4 applicable records (13 reviewed), there was no referral to a clinician although indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten</p>

Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>records of those who received a periodic screening to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-38: *In this record, the inmate had been complaining of joint pain. The inmate had a prior abnormal Antinuclear Antibody lab result. Although the abnormal lab result was acknowledged, it was never addressed in the medical record with either on-site follow-up or referral for specialty services.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-39: Three of four dental operatories have been broken since October 2014.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-40: The glucometer strips were expired.</p> <p>PH-41: The log for medical refrigerators was incomplete.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>PH-42: Medical records were disorganized (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-43: Institutional transfers were not documented in the Offender Based Information System (OBIS).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-44: Inmates with a history of malignancy were not followed in the oncology clinic (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-45: Inmate requests were not answered for the month of December (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p>

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
PH-46: Wait times for optometry services were lengthy (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-42: *CMA surveyors noted that medical records were disorganized, with documentation frequently misfiled or missing altogether. Additionally, there were several instances in which medical records contained in the file folder belonged to another inmate.*

Discussion PH-44: *During record reviews, there were several inmates found to have a recent history of malignancy, including breast and cervical cancers, as well as leukemia and lymphoma, that were not enrolled in the oncology clinic. Although these inmates were followed in other CICs, CMA surveyors were concerned that should these inmates transfer to another institution, continuity of care could be affected.*

Discussion PH-45: *The inmate request log indicated “no requests were logged for the month of December, see January 2015 log.” Discussion with institutional staff indicated this was a result of staffing issues.*

Discussion PH-46: *During a review of inmate requests, there were several concerns identified by inmates with regards to wait times for optometry services. Conversations with institutional staff revealed a six month wait for optometry services which included an estimated waiting list of over 160 inmates. Staff indicated this was an exceptionally long wait time.*

PHYSICAL HEALTH FINDINGS - ANNEX

Lowell Correctional Institution-Annex (LOWCI-Annex) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at LOWCI-Annex:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require.
- CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in eight of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call. There were findings requiring corrective action in the review of emergency care and infirmary services; the items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

There were findings requiring corrective action in the review of consultations, intra-system transfers, medical inmate requests, medication administration record review, and periodic screenings. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There was a finding requiring corrective action in the review of dental systems and in dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control or in the administration of the pill line. There was a finding requiring corrective action in the review of pharmacy services; the item to be addressed is indicated in the table below.

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Chronic Illness Clinic (CIC) Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-1: In 4 records, there was no documentation of appropriate diagnosis for inclusion in the clinic on all required forms.</p> <p>PH-2: In 9 records, baseline information was incomplete or missing.</p> <p>PH-3: In 4 records, inmates were not seen as often as the clinician determined necessary or were seen at intervals greater than 365 days (see discussion).</p> <p>PH-4: In 4 records, there was no evidence labs were available to the clinician or reviewed prior to clinic visits.</p> <p>PH-5: In 7 records, CIC forms and progress notes were not complete, legible, dated, timed, signed and/or signature stamped (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-3: *In the neurology clinic, one inmate admitted to the clinic in December 2013 for seizures was not seen until December 2014. In the endocrine clinic, an inmate with labs ordered for review in May 2014 was not seen until January 2015. In one cardiovascular record, the clinician ordered monthly visits on 12/16/14 however the inmate had not been seen again as of the date of this survey. In the miscellaneous clinic, the clinician ordered lab work and requested the inmate return to the clinic when completed but there was no evidence of labs or a scheduled appointment.*

Discussion PH-5: *In two records, progress notes read only "WNL" (within normal limits) therefore CMA surveyors were unable to determine if a complete examination occurred. In one record, no progress notes were completed and in one record the note was not dated. In three records, the clinician's handwriting was illegible.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-6: In 4 of 13 applicable records, there was no evidence of the annual fundoscopic examination.</p> <p>PH-7: In 4 of 9 applicable records, there was no evidence that patients with HbA1c over 8.0 were seen every 3 months (see discussion).</p> <p>PH-8: In 3 of 12 applicable records, ACE/ARB therapy was not initiated for diabetic inmates experiencing hypertension.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-7:** Health Services Bulletin (HSB) 15.03.05 Appendix #2, indicates that patients with HbA1c over 8.0 or whose blood sugars are uncontrolled should be seen at least every three months to address tighter blood glucose control. In all four records, inmates with HbA1c levels over 8.0 were seen every 180 days.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-9: In 5 records, there was no evidence that inmates had an annual urinalysis (see discussion).</p> <p>PH-10: In 9 of 12 applicable records, there was no evidence that hepatitis A & B vaccines were given to inmates with hepatitis C infection and no prior history of A & B infection.</p> <p>PH-11: In 3 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: In 4 records, there was no evidence of influenza vaccine or refusal.</p>	

Discussion PH-9: Health Services Bulletin (HSB) 15.03.05 Appendix #8, indicates annual labs shall include CBC with platelets, comprehensive metabolic profile, and urinalysis. In five records, no annual urinalysis was found.

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-13: In 3 records, the evaluation of the control of the disease and patient status was not documented.</p> <p>PH-14: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-15: In 6 records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>PH-16: In 3 records, there was no evidence of influenza vaccine or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-17: In 7 records, seizures were not classified (see discussion).</p> <p>PH-18: In 4 of 13 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-17:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.*

***Discussion PH-18:** In one record, an elevated white blood cell count was not addressed. In two records, there was no indication that urinary tract infections were addressed. In the last record, laboratory work indicated an elevated cholesterol level but there was no documentation that the lab was addressed during the last clinic visit.*

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>PH-19: In 2 records, there was no evidence of an appropriate physical examination (see discussion).</p> <p>PH-20: In 1 record, the evaluation of the control of the disease and patient status was not documented.</p> <p>PH-21: In 1 record, there was no referral to a specialist although indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-19:** In one record, the notes were illegible and insufficient to determine if an adequate exam was completed. In another record, no oral cavity examination was documented for a patient with cancer of the soft palate.*

Discussion PH-21: In one record, an inmate with T-cell carcinoma was not referred for follow-up examination. Additionally, her internal port was not flushed for over one year.

Respiratory Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-22: In 11 of 13 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>PH-23: In 4 records, the diagnosis was not recorded on the problem list.</p> <p>PH-24: In 4 records, there was no evidence of initial or ongoing education.</p> <p>PH-25: In 4 records, there was no documentation of monthly nursing follow-up.</p> <p>PH-26: In 3 records, there was no evidence the correct number of doses of INH were given (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-26: In all three records, inmates were started on INH treatment but did not receive the required 78 doses. There was no documentation in the records as to why the treatment was incomplete

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-27: In 3 of 15 records reviewed, there was no evidence of patient education.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-28: In 5 records, there was no evidence the clinician provided complete and appropriate care orders (see discussion).</p> <p>PH-29: In 6 records, there was no evidence of a discharge note.</p> <p>PH-30: In 3 records, the separate inpatient chart was incomplete (see discussion).</p> <p>PH-31: In 3 records, there was no evidence that the nursing assessment was completed within 2 hours of admission.</p> <p>PH-32: In 5 records, inpatient clinician rounds were not documented as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-28: Per HSB 15.03.26, the admitting clinician must include the diagnosis, vital signs frequency, diet, activity level, medications, and orders specific to the patient's diagnosis for infirmary services. In two records, no care orders could be found. In one record, the order was missing a diagnosis. In another record, the order did not include the patient's diet, and in the last record the order only included the admitting diagnosis and medications.

Discussion PH-30: Two inpatient records did not contain the DC4-714D "Infirmary Admission Orders Sheet" and one record did not contain vital signs.

Consultations	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-33: In 3 records, there was no evidence that the consultation occurred timely (see discussion).</p> <p>PH-34: In 11 records, the diagnosis was not reflected on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-33: In one record, a consultant optometrist recommended in March 2014 that an inmate be referred for cataract surgery. In October 2014, the inmate reported to sick call with complaints that she had almost fallen twice due to the lack of vision in her right eye. A surgical consult was submitted in November but was returned as incomplete. At the time of this survey, the surgery had not occurred and no evidence of further action was found in the medical record. In another record, an inmate with a chronic diabetic ulcer of the right toe was referred for a surgical consult in April 2014. The recommendation was to treat with IV antibiotics for 6 weeks and to refer to podiatry for follow-up. The podiatry consultation was submitted on 6/20/14 and again on 8/30/14 however the inmate was not seen until 12/12/14. Following multiple antibiotic treatments, the wound showed no signs of healing. CMA surveyors expressed concern that the inmate could ultimately lose her right big toe if surgery was not provided. Another inmate referred for back pain in July 2014 due to a broken vertical screw plate in her spine had not been seen at the time of the survey and consultation logs showed the referral continued from month to month with no documentation regarding the delay in completing the consultation.

Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-35: In 6 records, there was no evidence the patient's vital signs were taken.</p> <p>PH-36: In 2 of 6 applicable records, inmates assigned to chronic illness clinics were not seen as scheduled or as necessary upon transfer.</p> <p>PH-37: In 6 records, there was no evidence the clinician reviewed the inmate's health record within 7 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferring into the facility to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-38: In 4 records, there was no evidence of an inmate request form in the medical record.</p> <p>PH-39: In 3 of 13 applicable records, the inmate request was not responded to in an appropriate time frame (see discussion).</p> <p>PH-40: In 5 of 12 applicable records, there was no documentation that the interview, appointment, callout, and/or test occurred as intended (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-39: In one record, the 9/3/14 request for copies of lab work was not answered until 10/27/14. In one record, a request for medications on 12/4/14 was not answered until 1/13/15 and in another record, a request from 9/30/14 was not answered until 11/21/14.

Discussion PH-40: In four records, inmates were given the response to “watch for call outs” however there was no evidence that call outs ever occurred. In one record, an appointment occurred however it did not address the issue indicated in the inmate request.

Medication Administration	
Finding(s)	Suggested Corrective Action(s)
<p>PH-41: In 1 of 2 applicable records, there was no evidence of counseling after missing three consecutive doses of medications.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those on single dose medication to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screening Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-42: In 3 records, the screening encounter did not occur within one month of the due date.</p> <p>PH-43: In 3 records, the screening did not include all required elements (see discussion).</p> <p>PH-44: In 6 records, there was no evidence required diagnostic tests were performed 7-14 days prior to the screening (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received a periodic screening to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-43: Per HSB 15.03.04, periodic screening encounters must include vital signs, weight, review of labs and any applicable tests, inmate’s health concerns, confirmation of tuberculin skin test and screening for symptoms, hemocult cards if applicable, review of sick-call procedures, and required health education. In all three records, the screening did not include tuberculosis symptoms for inmates who had not been tested for over one year.

Discussion PH-44: In five records, labs were completed approximately 30 days prior to the screening, and in one record the labs were not ordered until the time of the screening.

Dental Systems Review	
Finding(s)	Suggested Corrective Action(s)
PH-45: There was no evidence that the senior dentist or pharmacist checked and documented the expiration dates of emergency kit drugs on a monthly basis.	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-46: In 4 of 18 records, there was no evidence of an accurate diagnosis or appropriate treatment plan (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-46: In one record, the treatment plan was incomplete and in another record it was difficult to determine the sequence of care as the notes did not correspond with the treatment plan. In the third record, a patient with an artificial heart valve taking Coumadin did not have an appropriate evaluation or prophylaxis antibiotics prior to treatment. In the last record, root canal therapy was initiated but not completed on an inmate diagnosed with “acute pulpitis.” The documentation stated, “will extract if the patient returned in pain.” According to documentation reviewed, inmates who came to sick call with teeth that required extraction or root canals received inadequate treatment. That treatment consisted of removal of some of the infected area then the tooth was filed and packed with medicine as a temporary repair. The CMA surveyor indicated this was not an acceptable standard of care as the risk of trapping untreated infection could lead to more serious injury for patients.

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-47: Out-of-date controlled substances were not segregated from other medications.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-48: Personal protective equipment for universal precautions was not readily available in the exam rooms.</p> <p>PH-49: There was no evidence that the negative air pressure in the medical isolation room was checked daily (see discussion).</p> <p>PH-50: Over-the-counter medication counts in the dorms did not match the number indicated on the log.</p> <p>PH-51: The dialysis room was in disarray (see discussion).</p> <p>PH-52: Oxygen tanks were not stored properly (see discussion).</p> <p>PH-53: The medicine room in T-dorm was in disrepair (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-49:** Per protocol, negative air pressure in medical isolation rooms should be checked daily when in use. There was no log available to verify if this had been done.*

***Discussion PH-51:** The dialysis room had leaking fluid on the floor, open containers were not dated, and an IV bag was left spiked and ready for use.*

Discussion PH-52: Empty oxygen tanks were found in the “full” slots and one tank was on the floor.

Discussion PH-53: There were several issues with leaking pipes. One pipe had a hole in it and chux were tied around other pipes to absorb leaks. Additionally, communication/IT wiring and equipment were exposed.

Additional Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
PH-54: Medical records were disorganized (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
PH-55: Offender Based Information System (OBIS) appointments in all areas were often inaccurate with no mechanism to ensure follow-up or rescheduling for missed appointments (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-54: CMA surveyors noted that medical records were disorganized, with documentation frequently misfiled or missing altogether. Additionally, there were several instances in which medical records contained in the file folder belonged to another inmate.

Discussion PH-55: Clinical surveyors noted that appointment dates entered into OBIS frequently did not match the dates found in the medical records. Additionally, multiple record notes indicated missed appointments and there was no mechanism in place for follow-up. Surveyors expressed concern that this could disrupt continuity of care.

CONCLUSIONS – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at LOWCI-Main serves a complex and difficult population, including inmates with multiple medical comorbidities and advanced age. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 275 records and found deficiencies in 118 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

CMA surveyors noted several areas in which the provision of clinical services were found to be deficient. Notably, there were multiple incidents of abnormal labs not addressed, medical orders or requests for specialty services that were noted but never implemented, as well as medical appointments that were not scheduled within the appropriate clinical time frame. Clinical surveyors were concerned that long wait times or missed opportunities for follow-up could have deleterious effects on inmate health.

It was also noted, that improvements to medical record keeping were warranted. CMA surveyors stated throughout the survey they had difficulty finding necessary documents and had to thoroughly examine many different areas of the medical record to find pertinent information. In many cases, the documentation was not in the medical record and was unable to be located by institutional staff. Surveyors expressed concern that the institutional clinicians, who are directly responsible for the provision of care, may not have the necessary time to do the same. Overall, surveyors noted that improved documentation and organization of medical records may increase efficiency and help maintain continuity of care.

Interviews with medical and security staff, indicated familiarity with policies and procedures related to sick call and emergency services. Interviews with inmates were more inconsistent, with some indicating the medical care was adequate and others expressing dissatisfaction. Interviews were also held with pregnant and postpartum inmates; these inmates expressed satisfaction with obstetric services and access to prenatal care.

Due to both the number, as well as the severity and clinical significance of the findings noted above it is clear that the institution will benefit from the corrective action plan (CAP) process.

ANNEX

The physical health staff at LOWCI-Annex serves a complex and difficult population, including inmates with multiple medical comorbidities and advanced age. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 258 records and found deficiencies in 103 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

CMA clinical surveyors noted that there were multiple incidents of abnormal labs not being addressed and required labs that were not ordered or completed timely. Additionally, several records revealed that missed appointments were not rescheduled. Surveyors expressed concern that these trends could result in adverse outcomes. Inmates echoed this during interviews stating that missed appointments resulted in health care delays, however they were generally complimentary of the staff's efforts to provide care. On-site personnel were helpful in scheduling missed appointments and lab work for those records brought to their attention during the survey.

Medical records were generally disorganized with documents missing from multiple charts and some charts containing other inmate's information. Additionally, clinician notes were often illegible and institutional staff were unable to interpret the handwriting when asked. This made it difficult to interpret care orders and determine if appropriate examinations were completed, both of which could potentially compromise patient care. Lastly, there were concerns that some areas of the facility were in unhealthy disrepair. Surveyors indicated better organization and complete, legible documentation would serve to improve the quality of care.

Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services. After a review of physical health records, interviews with staff and inmates, and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process.

MENTAL HEALTH FINDINGS – MAIN UNIT

Lowell Correctional Institution-Main (LOWCI-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at LOWCI-Main:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of Self-harm Observation Status (SHOS) for review at LOWCI-Main. Inmates in need of admission to SHOS were moved to the Annex. There were no episodes of psychiatric restraint at LOWCI-Main.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies. There were findings requiring corrective action in the review of inmate requests; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient psychotropic medication practices and outpatient mental health services; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were findings requiring corrective action in the aftercare planning review, the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 use of force episodes revealed the following deficiencies:</p> <p>MH-1: In 1 record, a post use of force exam was not present.</p> <p>MH-2: In 2 of 3 applicable records, the post use of force physical exam was not completed in its entirety (see discussion).</p> <p>MH-3: In 4 records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-4: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** In one record, the post use of force exam was missing the first page. In another record, there was no M or S-grade, allergies, or medication listed on the form.*

***Discussion MH-3:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. Based on the review of use of force episodes and interviews with staff, there does not appear to be a method in place to ensure mental health staff are notified of each use of force incident so that appropriate assessments can be conducted.*

Mental Health Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 inmate requests revealed the following deficiencies:</p> <p>MH-5: In 2 of 6 records, a copy of the inmate request form was not present (see discussion).</p> <p>MH-6: In 3 of 14 applicable records, the identified request was not responded to within 10 days or less.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p>

Mental Health Inmate Requests

Finding(s)	Suggested Corrective Action(s)
MH-7: In 4 of 12 applicable records, not all entries were dated, timed, signed and/or stamped (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-5: If the request is not in the record, it cannot be determined if the request was answered appropriately.

Discussion MH-7: Inmate-initiated requests will be responded to within ten working days. Dating, timing, signing, and stamping documents related to the inmate request and subsequent response is important in maintaining these deadlines. In the four records, there was no date received noted on the inmate request. Surveyors utilized the date listed on the mental health log in the absence of the received date. This made it difficult to assess if the requests were responded to within the required time frame.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 19 outpatient records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-8: In 8 of 13 applicable records, follow-up lab tests were not completed as required.	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records (inmates on mental health medication) to evaluate the effectiveness of corrections.
MH-9: In 5 records, clinician's orders were not dated, timed, and/or stamped.	
MH-10: In 12 records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-11: In 3 of 15 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.	
MH-12: In 1 of 3 applicable records, there was no DC4-711A "Refusal of Health Care Services" after 3 consecutive medication refusals or 5 in one month.	
MH-13: In 7 records, informed consents were not present or did not reflect information relevant to the medication	

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>prescribed (see discussion).</p> <p>MH-14: In 8 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-15: In 6 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	

***Discussion MH-13:** In two records, there were no informed consents present for a prescribed mental health medication. In five records, the consent form for one medication was used for another (i.e. the name of medication scratched out and new name written in) instead of a required generic form.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-16: In 7 of 14 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>MH-17: In 4 of 14 applicable records, the initial mental health screening evaluation or Individualized Service Plan (ISP) was not updated (see discussion).</p> <p>MH-18: In 1 of 4 applicable records, the initial ISP was not completed within 30 days of initiating mental health services.</p> <p>MH-19: In 5 of 15 applicable records, the ISP was not signed by a member or members of the multidisciplinary treatment team (MDST) and/or inmate or a refusal was not documented on form DC4-711A.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-20: In 3 of 13 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>MH-21: In 4 records, mental health problems were not recorded on the problem list.</p>	

Discussion MH-17: In 2 records, there was no ISP update upon admission to the institution. In 2 records the ISP goals were not addressed in the initial admission DC4-642B "Mental Health Screening Evaluation."

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records of S3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-22: In 9 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-23: In 1 of 4 applicable records, the DC4-661 "Summary of Outpatient Mental Health Care" was not completed within 30 days of EOS.</p> <p>MH-24: In 1 of 3 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MENTAL HEALTH SYSTEMS REVIEW

Additional Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-25: Episodes of SHOS and psychological emergencies were not kept on the correct logs (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of the Psychological Emergency and SHOS log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-26: Sex Offender groups were not conducted for inmates on the waiting list and within two years EOS (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment</p>
MH-27: There was no documentation indicating the clinical staff received twelve hours of relevant in-service training annually.	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-28: Medical records were disorganized with pages often misfiled or missing altogether (see discussion).	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-25: *The psychological emergency episodes were not documented on the appropriate log. According to department policy (404.001) mental health staff will record the emergency referral on the DC4-781A "Mental Health Emergency Log." Admissions to SHOS were not kept on the appropriate log. According to HSB 15.03.26, all mental health patients are to be logged into the Infirmary on form DC4-797B "Infirmary Admission for Mental Health Reasons Log." Both psychological emergency episodes and SHOS admissions were combined onto one log.*

Discussion MH-26: *The Treatment Waiting List for DC4-781L "Permanently Assigned Sex Offenders Log" indicated that there were inmates who were awaiting sex offender treatment. Staff indicated that they do not provide sex offender groups at LOWCI-Main.*

Discussion MH-28: *There were inconsistencies and general disorganization within the medical records. Information was often misfiled into sections of the medical records that were inappropriate.*

MENTAL HEALTH FINDINGS - ANNEX

Lowell Correctional Institution-Annex (LOWCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at LOWCI-Annex:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of psychiatric restraints and Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below.

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies and inmate requests. There were findings requiring corrective action in the review of special housing; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient psychotropic medication practices and outpatient mental health services; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There was a finding requiring corrective action in the aftercare planning review, the item to be addressed is indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Psychiatric Restraint

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 1 psychiatric restraint episode revealed the following deficiencies:</p> <p>MH-1: The physician’s order did not contain the maximum duration of the restraint episode.</p> <p>MH-2: The inmate’s behavior was not documented every 15 minutes on the DC4-650A “Restraint Observation Checklist” (see discussion).</p> <p>MH-3: There was no indication that respiration and circulation checks were performed as required (see discussion).</p> <p>MH-4: Vital signs were not taken or recorded when the inmate was released from restraints (see discussion).</p> <p>MH-5: There was no discharge order to release the inmate from restraints (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychiatric restraint episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-2, MH-3, & MH-4: *There was no DC4-650A “Restraint Observation Checklist” in the record. Subsequently there was no evidence that respiration and circulation checks were completed or vital signs were taken upon the inmate’s release. These requirements are prompted on the restraint observation checklist which was not utilized for this restraint episode.*

Discussion MH-5: *There were some inconsistencies in the documentation provided regarding the amount of time the inmate spent in restraints. The log indicated she was in restraints on 10/3/14 from 10:10 PM to 10:40 PM. The order to place her in restraints was written at 10:30 PM. A progress note written at 10:45 PM indicated the inmate was exhibiting dangerous behavior (jumping on her bunk, sticking her head in the toilet, hitting the wall, and urinating on the floor). The 10:45 PM note further indicated orders for emergency treatment and 5 point restraints were received. A subsequent note written on 10/4/14 at 12:30 AM indicated phone rounds were conducted with the physician and the inmate was removed from restraints. The date and time documented for the phone rounds was 10/5/14 at 10:40 PM. There was no Restraint Observation Checklist in the record, however documentation of observations continued on the SHOS Observation Checklist. The documentation from 10:10 PM to 10:40 PM indicated the inmate was beating on or running her head into the wall, talking to herself, standing still or quiet. This is inconsistent with behavior one would display while in restraints.*

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 24 SHOS admissions revealed the following deficiencies:</p> <p>MH-6: In 11 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-7: In 5 records, the DC4-732 “Infirmatory/Hospital Admission Nursing Evaluation” was not completed within 2 hours of an SHOS admission.</p> <p>MH-8: In 12 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</p> <p>MH-9: In 5 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-9:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on the DC4-650 “Observation Checklist.” In the records with findings, checklists were missing for entire days and/or had gaps indicating observations were not documented.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 7 use of force episodes revealed the following deficiencies:</p> <p>MH-10: In 5 records, a post use of force exam was not present.</p> <p>MH-11: In 2 of 2 applicable records, the post use of force physical exam was not completed in its entirety (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-12: In all records, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-13: In 2 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed (see discussion).</p>	

***Discussion MH-11:** The second page of the physical exam was missing in both records.*

***Discussion MH-12 & MH-13:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. Based on the review of use of force episodes and interviews with staff, there does not appear to be a method in place to ensure mental health staff are notified of each use of force incident so appropriate assessments can be conducted.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-14: In 10 records, the DC4-769 “Special Housing Health Appraisal” was not present or completed in its entirety.</p> <p>MH-15: In 7 of 8 applicable records, psychotropic medications were not continued as directed while the inmate was held in special housing (see discussion).</p> <p>MH-16: In 1 of 2 applicable records, follow-up mental status exams (MSEs) were not completed within the required time frame.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-15:** HSB 15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In four records, the medication administration record (MAR) was blank for one or two days in a month. In another record, the medication*

was not given for 10 days. In the remaining two records, the MAR was either blank or not present in the record. No refusals were noted for the missed days of medication.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-17: In 5 records, physician’s orders were not dated, timed, and/or stamped.</p> <p>MH-18: In 8 of 13 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record.</p> <p>MH-19: In 4 of 6 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>MH-20: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-21: In 3 records, documentation of follow-up psychiatric contacts did not contain the required clinical information (see discussion).</p> <p>MH-22: In 1 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records (inmates on mental health medication) to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-21: *In one record, medication was ordered but there was no corresponding progress note. In another record, the note indicated the inmate was taking Lamictal, when it had actually been discontinued. In the last record, Risperdal was discontinued yet there was no corresponding note from a clinician.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-23: In 3 of 8 applicable records, the DC4-760A “Health Information Arrival/Transfer Summary” was incomplete or missing.</p> <p>MH-24: In 3 of 4 applicable records, psychiatric medication was not continued upon the inmate’s arrival at the institution (see discussion).</p> <p>MH-25: In 8 records, the ISP was not signed by the inmate and a refusal was not documented on form DC4-711A.</p> <p>MH-26: In 5 records, mental health problems were not recorded on the problem list.</p> <p>MH-27: In 2 of 6 applicable records, the DC4-729 “Behavioral Risk Assessment” was either incomplete or inaccurate.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-24: In one record, the inmate missed two days of medication. In another record, the inmate missed four days of medication. In the remaining record, the inmate missed two weeks of medication.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-28: In 2 of 10 records, the DC4-661 “Summary of Outpatient Mental Health Care” was not completed within 30 days of end of sentence (EOS).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-29: Medical records were disorganized with pages often misfiled or missing altogether (see discussion).	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH 30: There is no evidence that 12 hours of in-service training was provided annually to staff.	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-31: Sex Offender groups were not conducted for inmates on the waiting list and within two years of EOS (see discussion).	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
MH-32: Episodes of SHOS and psychological emergencies were not kept on the correct logs (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of the Psychological Emergency and SHOS log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-29: *There were inconsistencies and general disorganization within the medical records. Information was often misfiled into sections of the medical records that were inappropriate and in one case, a medical record contained another inmate's information.*

Discussion MH-31: *The Treatment Waiting List for Permanently Assigned Sex Offenders Log (DC4-781L) indicated there were inmates awaiting sex offender treatment. Staff indicated that they do not provide sex offender groups at LOWCI-Annex.*

Discussion MH-32: *The psychological emergency episodes were not documented on the appropriate log. According to department policy (404.001) mental health staff will record the emergency referral on the DC4-781A "Mental Health Emergency Log." Admissions to SHOS were not kept on the appropriate log. According to HSB 15.03.26, all mental health patients are to be logged into the Infirmary on form DC4-797B "Infirmary Admission for Mental Health Reasons Log." Both psychological emergency episodes and SHOS admissions were combined onto one log.*

CONCLUSIONS – MENTAL HEALTH

MAIN UNIT

The mental health staff at LOWCI-Main serves a complex and difficult population. Outpatient services, including case management and individual counseling, are provided to approximately 590 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates.

In reviewing mental health records, it was often difficult to locate appropriate documentation. Documents were often misfiled and lacked the date, time, signatures, and/or stamps. This disorganization made it difficult to follow the course of mental health treatment during the review of inmate records.

Many of the mental health findings appeared to be related to process issues which led to deficiencies related to direct patient care. For example, when reviewing use of force episodes, none of the records had the required referral to mental health for S2 or S3 inmates exposed to a chemical agent. Although the staff was unable to pinpoint the reason, the absence of these referrals resulted in mental health evaluations occurring later than the required time frame or in one case not at all. In the review of inmate requests, it was noted that many of the records lacked the actual requests or the requests that were present were not dated upon receipt. Without a date received noted on the requests, surveyors could only refer to the inmate request log to identify the date received. It is unknown if the dates written on the log were correct as it was often weeks later than the dates written on the requests, thus making it difficult to assess if inmates were answered within the required time frame. Oftentimes requests were repeated and more than one inmate interviewed indicated the process is ineffective. One inmate indicated the need to “declare psych” if she had a non-emergency request. Declaring a psychological emergency requires an immediate response from both security and mental health staff.

The majority of the medical records reviewed for psychotropic medications lacked appropriate documentation of the daily administration of medication. On many occasions, there were gaps in the medication administration record (MAR) indicating that medication was not administered for that day. In addition, some MARs contained gaps on multiple and/or consecutive days. Surveyors were concerned that inmates on mental health medications (especially those requiring titration) who do not receive those medications as prescribed may experience adverse physical or psychological effects. In addition to the administration of medication, labs and psychiatric contacts were not followed-up as required.

The staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload. They were receptive to feedback from surveyors and expressed a desire to correct the deficiencies noted. Staff indicated they were aware of many of the findings discovered during the review and have taken steps to ensure these issues are corrected. These plans include training and increasing staffing positions (e.g. mental health clerk) to resolve some of the process concerns explained above. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan process.

ANNEX

The mental health staff at LOWCI-Annex serves a complex and difficult population. Outpatient services, including case management and individual counseling, are provided to approximately 862 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates and daily counseling for inmates in Self-harm Observation Status (SHOS).

Overall mental health records were disorganized, making it difficult to locate appropriate documentation. Documents were often misfiled and lacked the date, time, signatures, and/or stamps. Some documents were missing or loose in the record. This disorganization made it difficult to follow the course of treatment.

Many of the findings noted are related to required evaluations and assessments. The emergency evaluation for inmates placed on SHOS was not present in almost half of the records reviewed. Additionally the more comprehensive "Infirmery/Hospital Admission Nursing Evaluation" was not consistently completed. Shift nursing assessments were frequently not timed/dated and in some cases, assessments were not performed each shift. In all of the use of force episodes reviewed, the post use of force medical exam was either incomplete or missing. In records reviewed for special housing, the "Special Housing Health Appraisal" was also incomplete or missing. Follow-up mental status exams were not completed within the required timeframe. Psychiatric contacts were also not consistently completed within the required timeframe and some did not contain necessary clinical information. "Behavioral Risk Assessments" for inmates on Close Management status were either incomplete or inaccurate. These evaluations and assessments are essential in ensuring inmates receive adequate mental health treatment.

There does not seem to be a consistent method to ensure inmates on the mental health caseload who are exposed to chemical agents during use of force incidents are seen by mental health as required. Department policy dictates medical staff refer these inmates to mental health, however in all records reviewed, this referral did not occur. Interviews with mental health staff revealed they do not receive these referrals, but instead rely on logs kept by security to determine if an inmate needs to be seen. Based on the findings listed above, this does not seem to be a reliable method for the notification of mental health staff.

It was noted during the reviews of outpatient services, psychiatric medication, and special housing that inmates were not consistently receiving medications as prescribed. On many occasions, there were gaps in the medication administration record (MAR) indicating that medication was not administered for that day. In addition, some MARs contained gaps on multiple consecutive days. In a few cases, some MARs were missing for the entire month. Surveyors were concerned that inmates on mental health medications (especially those requiring titration) who do not receive those medications as prescribed may experience adverse physical or psychological effects. Surveyors were unable to locate justification for the gaps in the MARs by looking for documentation of refusals and/or incidental notes.

Staff indicated there have been ongoing vacancies and turnover in nursing personnel which may have contributed to many of the findings listed above. They further indicated they were aware of many of these findings and have taken steps to ensure these issues are corrected.. After a review of mental health records and interviews with staff and inmates and based on the

findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority's corrective action plan process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) To determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) To promote ongoing improvement in the correctional system of health services; and,
- 3) To assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters).
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation).
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor.

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g. logs, consultation requests, medication administration reports, etc) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.